

**ADVISOR/CHAPERONE CONSENT AGREEMENT**  
**CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY**

This agreement is to be used when one school district upon request of a student & parent/guardians desire to participate in a project that will be chaperoned by an advisor/official chaperone from another district.

\_\_\_\_\_ gives permission for  
(school district A)

\_\_\_\_\_ to be under the supervision of  
(student's name)

\_\_\_\_\_ from \_\_\_\_\_  
(teacher or administrative of the district) (school district B)

for the \_\_\_\_\_ being held \_\_\_\_\_  
(specific CTSO activity) (location)

\_\_\_\_\_ (date/dates).

**We consent to the above:**

\_\_\_\_\_  
(Superintendent/Superintendent's Designee Signature) (Participant's Parent/Guardian Signature)  
**District A**

\_\_\_\_\_  
(Agreeing Superintendent/Supt. Designee Signature) (Advisor/Official Chaperone Signature)  
**District B**

**\*Compliance with all regulations concerning insurance, CTSO medical release form, etc. is the responsibility of the participant's school district.**

**\*\*A signed copy of this form should be sent to the State Advisor, and a copy should be kept on file by both districts.**

**\*\*\*If this trip involves out of state travel, the form must be notarized by both the participant's district and the agreeing district.**

**\*\*\* If chaperones from multiple school districts are used, an agreement is required by each district involved in chaperoning.**